

*Transitional Year Residency Program*

**Competency based goals and objectives by rotation:**

**Rotation name: Pulmonary**

**Location: Lahey Clinic**

**Type of Rotation:**

**1. Inpatient Pulmonary Elective**

This elective is open to Tufts Transitional Year Residents. It is geared towards an inpatient experience. The resident is an active member of the pulmonary consult team, along with an attending, a fellow and, on occasion, a Tufts medical student. The resident is expected to independently do consults, which involve interviewing and examining the patients, gathering relevant lab and radiographic data, formulating an initial plan and presenting the consult to the full team at afternoon rounds. He or she is also expected to do follow-up rounds on these patients and be able to give progress reports to the team on a daily basis. The resident is expected to be present at all procedures on their patients, and will be taught appropriate procedures such as thoracentesis and central line insertion. The resident is expected to attend all conferences.

**2. Ambulatory Pulmonary Experience**

This rotation is geared towards outpatient pulmonary medicine and gives the resident a unique exposure to common outpatient pulmonary issues such as asthma, chronic obstructive pulmonary disease (COPD), pulmonary nodules, pulmonary fibrosis, sarcoidosis and neoplasms. The resident spends one half-day each week during the month in the pulmonary clinic. Residents are expected to see the new consults scheduled for that day. After interviewing and examining the patient, the resident will review the case with an attending assigned to teaching that week.

**Didactic Lectures**

The section believes strongly in the concept of didactic lectures as a supplement to clinical learning. Accordingly, residents are both welcome and expected to attend these lectures during their elective month. Currently, there is a radiology/pathology conference on Mondays, a general pulmonary didactic lecture series on Tuesday and Thursday mornings, and a critical care lecture series every Tuesday. Residents also are encouraged to continue attendance at Medical Grand Rounds during the month.

**General Goals and Objectives:** TY Residents will have a working understanding on how to evaluate, work up, and treat obstructive lung diseases, restrictive lung disorders, pulmonary hypertension and infections of the respiratory system, among other diseases. Residents also will be instructed in relevant radiographic interpretation and pulmonary function testing. Especially during the inpatient experience, they will have an opportunity to learn and perform procedures such as thoracentesis. Although they are not expected to learn advanced procedures such as bronchoscopy and thoracoscopy, residents will have adequate exposure to them and will gain an understanding of their indications and limitations.

### **Principle Educational Goals Based on the ACGME General Competencies**

In the tables below, the principal educational goals of the Pulmonary Medicine curriculum are listed for each of the six ACGME competencies:

- 1) Patient Care
- 2) Medical Knowledge
- 3) Practice-Based Learning and Improvement
- 4) Interpersonal and Communication Skills
- 5) Professionalism
- 6) Systems-Based Practice

The abbreviations for the types of learning environments are defined below.

Learning Environments:

SDPC Supervised direct patient care

WR Work rounds

HCCC House-staff critical care conference

PDL Pulmonary didactic lectures

RPC Radiology/Pathology conference

DSP Directly supervised procedures

#### **1) Patient Care**

| <b>Objective</b>   | <b>Learning Environment</b> |
|--|-----------------------------|
| Perform a history and examination  | SDPC, WR                    |
| Formulate and carry out effective management plans                           | SDPC, WR                    |
| Clearly and succinctly document patient management in the medical record     | SDPC, WR                    |
| Competently perform invasive procedures (thoracentesis, central lines, etc.) | DSP, HCCC                   |

## 2) Medical Knowledge

| Objective   | Learning Environment |
|---|----------------------|
| Application of basic knowledge of pathophysiology to the diagnostic and therapeutic process | SDPC, WR, PDL, RPC   |
| Development of an appropriate, efficient differential diagnosis                             | SDPC, WR             |
| Interpretation of lab data, pulmonary function tests (PFTs) and radiologic images           | SDPC, WR, PDL, RPC   |

## 3) Practice-Based Learning

| Objective  | Learning Environment |
|--|----------------------|
| Identify deficiencies in knowledge base and develop an independent reading program to address these gaps | SDPC, WR, PDL, RPC   |
| Effectively perform a literature search to answer clinical questions                                     | SDPC, WR             |
| Attendance at section teaching conferences   | HCCC, RPC, PDL       |

## 4) Interpersonal and Communication Skills

| Objective   | Learning Environment |
|---|----------------------|
| Communicate accurately and compassionately with patients and their families | SDPC, WR             |
| Professionally interact with entire health care team                        | SDPC, WR             |

## 5) Professionalism

| Objective  | Learning Environment |
|--|----------------------|
| Treat all patients, health care providers, and hospital employees with respect and integrity | SDPC, WR             |
| Maintain patient confidentiality at all times  | SDPC, WR, PDL        |

## 6) Systems-Based Practice

| Objective  | Learning Environment |
|--|----------------------|
| Proper use of ancillary services including the PFT lab, laboratory and radiologic testing, and consultation from other clinical services | SDPC, WR, PDL        |
| Demonstration of an understanding of the available resources for continuing patient care   | SDPC, WR             |
| Ability to gather pertinent clinical information from other caregivers   | SDPC, WR             |

## Resident Evaluation

Residents are evaluated on an ongoing basis informally by the attending, and deficiencies identified/rectified also are evaluated on an ongoing basis. In addition, attendings who have worked with the resident are required to fill out official evaluation forms, which are filed in the resident's record. These evaluation forms are reviewed by the director of the residency program in conjunction with the resident.